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APPLICANTS

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** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

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MW

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	yes <input type="checkbox"/> no yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Inhalable aerosol medicament for the treatment or prevention of pain

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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